

Montana Mental Health Nursing Care Center
and
Lewistown Infirmary

PET REGISTRATION FORM

DATE: _____

NAME OF PET:

OWNER:

VACCINATIONS: *(Records Attached and to be updated annually)*

PET PROGRAM (Check One):

Visiting Pet (ViP) <input type="checkbox"/>	Pet as Team Member <input type="checkbox"/>
1. Pet should be on a leash when in the common areas of the unit. 2. Pet may be off leash when in a resident's room or employee's office.	1. Pet is allowed to roam freely within the common area of the unit under the supervision of the owner/volunteer. (This cannot be delegated.)

Administrator Approval:

_____ Date: _____

Social Services Approval/ or Designee:

_____ Date: _____

Attach picture (if possible):